

Arkansas Auditor of State Employee Payroll Information Sheet

Send to:

Arkansas Auditor of State Attn: Payroll Division 1401 W. Capitol, Ste. 325 Little Rock, AR 72201

Employee Name (Last, First Middle Initial)				Hire Date	
Transfer fro	m Agency	P	Previous Agency Contact (Email or Phone Number)		
Personal Da	ta				
Gender	Ethnic Origin	Marital Status	Date of Birth	Social Security Number	
Address			Personal P	Personal Phone Number	
City State Zip					
Email addre	SS				
Prosecutor Name (if applicable) Distr		District (i	f applicable)	Phone (if applicable)	
Agency Use	Only				
Agency		Fund Center	Cost Center	Commitment Code	
Job Title		Class	Pay Grade	Position Number	

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